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Substitute for Form PTO-875										Application or Docket Number		
		С	LAIMS A	S FILE	) PART I					<u>`</u>	OTHE	R THAN
L	(Column 1) (Column 2)						_	SMALL	ENTITY	OR		LENTITY
L	FOR NUMBER FILE BASIC FEE				MUM C	BER EXTRA		RATE	FEE	_	RATE	FEE
(3)	CFR 1.16(a))								s	OR		s
(3)	TAL CLAIMS CFR 1.16(c))			minus :	20 = .	= •		x s=		OR	x s =	
	DEPENDENT CL/ CFR 1.16(b))		minus	3 = .			x s =		OR	x s=		
MU	MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1,16(d))									OR	+5 =	
. 11	If the difference in column 1 is less than zero, enter "0" in column 2.									OR	TOTAL	
	. (	CLAIM	IS AS AM	1ENDE	D – PART II					-		<u> </u>
	(Column 1) (Column 2) (Column 3)							SMALL I	ENTITY	· OR		R THAN ENTITY
AMENDMENT A			CLAIMS		HIGHEST NUMBER	PRESENT	] [	RATE	ADDI-	1	RATE	ADDI-
		1 .	AFTER ENDMENT		PREVIOUSLY PAID FOR	EXTRA	1	77.112	TIONAL		RAIL	TIONAL FEE
	Total (37 CFR 1 16(c))		19	Minus	·· 20	=		x \$=		OR	x \$ =	
	Independent (37 CFR 1.16(b))		3	Minus	<del>"</del> 3	=		x s=		OR	x s =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))							+5 =		OR	+5 =	
								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
		(Co	lumn 1)		(Column 2)	(Column 3)		•				<u></u>
AMENDMENT B		RE	LAIMS MAINING JETER NDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total (37 CFR 1.16(c))	1		Minus	••	=		x s =		OR	× s =	
	Independent (37 CFR 1.16(b))			Minus	•••	=		x s=		OR	× \$ =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))							+\$ =		OR	+ \$ =	
							_	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
		(Col	umn 1)		(Column 2)	(Column 3)				0.1	1002722	
AMENDMENT C		REM A	LAIMS MAINING FTER NDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
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	Independent (37 CFR 1.16(b))	•		Minus	***	=	F	< s =		OR	x s =	
₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))							+ \$ =		OR	+ \$ =	
										OR L	TOTAL ADD'L FEE	
•••	If the "Highest to If the "Highest to	√umber ≀umber	Previously Previously	Paid For <sup>®</sup> Paid For®	in column 2, write IN THIS SPACE i IN THIS SPACE is Total or Independe	s less than 20, e	nter ' ter "3	".			L	

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.